
**660, ATTACHMENT B - ARIZONA OPIOID TREATMENT
PROGRAM – EXEMPTION RENEWAL AND RECORD OF
JUSTIFICATION****Opioid Treatment Program Exemption Renewal and Record of Justification
Under 42 CFR 8.11 (h)*****Program OTP No:****Program Name:****Program Address:****Telephone:****Fax:****E-mail:****Name & Title of Program Sponsor:****Name & Title of Program Medical Director:****SAMHSA Certification Number and Expiration Date:****Recent Accreditation Survey Date:**

The Opioid Treatment Program is submitting a request to renew its exemption to the regulatory requirements 42 CFR 8.11(h). This request continues to expand aspects of medication-assisted treatment services provided by an authorized healthcare professional other than a physician. The renewal request is an extension of the Substance Abuse and Mental Health Services Administration (SAMHSA) Mid-Level Exemption Request approved on _____ and covers the same Mid-Level Practitioners authorized in SAMHSA's most recent approval. If different Mid-Level Practitioners have been hired since the most recent approved exemption, indicate which Mid-Level Practitioners were not listed on the approved exemption.

Justification for Request

☐ Primary Reasons for Continuing Mid-Level Exemption
Comments:

Authorized Healthcare Professionals Recognized by the State

☐ Physician Assistants

☐ Nurse Practitioners

Other Considerations

Include documentation regarding the following**:

- How PA/NPs and physicians collaborate on patient care;
- How PA/NPs keep current with the latest medical education; and
- What quality measures the OTP has in place.

Comments:

**ATTACHMENT B, ARIZONA OPIOID TREATMENT PROGRAM –
EXEMPTION REQUEST AND RECORD OF JUSTIFICATION**
☐ Other
 Comments:

Submitted By
Name of Sponsor
Signature of Sponsor
Date
Name of Medical Director
Signature of Medical Director
Date
State Response to Request
State Opioid Treatment Authority
Date
☐ Approved
☐ Denied

Comments:

Federal Response to Request
Center for Substance Abuse Treatment
Date
☐ Approved
☐ Denied

Comments:

Date of Approval:

/ /

Exemption Expiration Date:

/ /

*42 CFR 8.11 (h) *Exemptions*. An OTP may, at the time of application for certification or any time thereafter, request from SAMHSA exemption from the regulatory requirements set forth under this section and 42 CFR 8.12. The OTP shall support the rationale for the exemption with thorough documentation, to be supplied in an appendix to the renewal application for certification or in a separate submission. SAMHSA will approve or deny such exemptions at the time of application, or any time thereafter, if appropriate. SAMHSA shall consult with the appropriate State authority prior to taking action on an exemption request.

**The OTP's policies and procedures documenting mid-level practitioner practices and oversight must be provided as an attachment to this application.

***A continuing exemption request must be filed simultaneously with submission of a SMA-162 for SAMHSA OTP recertification.

Refer to the following link for the state opioid treatment authority contact information:
<http://dpt2.samhsa.gov/regulations/smalist.aspx>

Submit Form:
Arizona State Opioid Treatment Authority

grantsmanagement@azahcccs.gov

Arizona Health Care Cost Containment System

701 E. Jefferson St., MD 6500, Phoenix, Arizona 85034